

Division of Measurement Standards Training Evaluation Form

We would appreciate your taking a few moments to complete this training class evaluation form.

We welcome your comments and any suggestions that you might have.

Class Title: _____

Class Date: _____ **Class Location:** _____

1. Did this training fulfill your expectations?

2. What did you like/dislike?

3. What specific changes, if any, would you recommend?

4. Additional comments or suggestions:

**Please return to the Division of Measurement Standards
6790 Florin Perkins Rd., Ste. 100
Sacramento CA 95828-1812**

Or

dms@cdfa.ca.gov